

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	091577614	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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						98					
						99					
						100					
						TOTAL IND.					
						TOTAL DEP.					
						TOTAL CLAIMS					